

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 30, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 72158 for date of service September 12, 2002.

II. RATIONALE

EOBs were not submitted by either party. The respondent did not response to the initial TWCC-60 or the request for additional information sent to the respondent on August 15, 2003. Therefore, this dispute will be reviewed as a general fee dispute according to the 1996 Medical Fee Guideline.

- CPT Code 72158-27 – Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (II)(C) submitted relevant information supports delivery of service. Reimbursement in the amount of \$848.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 72158-27 in the amount of \$848.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$848.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf